FORM D

U.S. SEC

OCT 1 1 2007

186 SECULA

ORIGINALLY EXECUTED COPY

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

1415384

OMB NUMBER: 3235-0076 Expires: April 31, 2008 Estimated average burden hours per response . . 16.00

S	EC US	E ONLY	
Prefix	1	l Serial	

DATE RECEIVED

	l	

			9.00				
Name of Offering ( check if this is an amendment and na	ame has changed, and indicate	cate change.)					
APERIO MULTI-STRATEGY LTD.							
Filing Under (Check box(es) that apply): Rule 504	Rule 505	Rule 506	Section 4(6)	ULOE			
Type of Filing: New Filing Amendmen	nt						
	A. BASIC IDENT	IFICATION DATA		KA QQUO IKRIA QQIDO IRIXA QQIDI 1884 QQIGA HIXA QQD			
Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment and name	e has changed, and indicat	e change.)\		<u>iin 88/ii 108/ii 88/ist 18/iin 88/ist 108/i8 58/iss 100 4684</u>			
APERIO MULTI-STRATEGY LTD.				07080193			
Address of Executive Offices		(Number and S	Street, City, State, Zip Code)	Telephone Number			
				(Including Area Code)			
c/o M&C Corporate Services Ltd., P.O. Box 309	9GT, Ugland House,	South Church Stre	et, George Town,	+1(345) 949-8066			
Grand Cayman, Cayman Islands	1881						
Address of Principal Business Operations (if different from Executive Offices)		(Number and S	Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
(II different from Executive Offices)				(including Area Code)			
				( )			
Brief Description of Business							
				PROCESS-			
Securities Investment				PROCESSEE			
Type of Business Organization				OCT 1 7 ann			
corporation limited par	tnership, already formed	🔀 othe	r (please specify);	2007			
business trust limited par	tnership, to be formed	Bahama	s Business Company	HOMSON			
	Month Year		<b>M</b> —	- INANCIAI			
Actual or Estimated Date of Incorporation or Organization:	[0 3] [0 7]		Actual	Estimated			
Jurisdiction of Incorporation or Organization: (Enter two-let	ter U.S. Postal Service abl	breviation for State:	[F][N]				
	for Canada; FN for other t		t- 1t- 3				
GENERAL INSTRUCTIONS							
Federal:							
Who Must File: All issuers making an offering of securities	in reliance on an exemption	on under Regulation D	or Section 4(6), 17 CFR 230.:	501 et seq. or 15 U.S.C. 77d(6).			
When To File: A notice must be filed no later than 15 days	after the first sale of secu	rities in the offering.	A notice is deemed filed with	the U.S. Securities and Exchange			
When To File: A notice must be filed no later than 15 days Commission (SEC) on the earlier of the date it is received b was mailed by United States registered or certified mail to the	y the SEC at the address g	iven below or, if receive	ed at that address after the da	ate on which it is due, on the date it			
·							
Where to File: U.S. Securities and Exchange Commission,		•					
Copies Required: Five (5) copies of this notice must be file the manually signed copy or bear typed or printed signatures	d with the SEC, one of wh	ich must be manually s	igned. Any copies not manu	ally signed must be photocopies of			
the manually signed copy or bear typed or printed signatures	S.						
Information Required: A new filing must contain all infor	mation requested. Amend	dments need only repor	t the name of the issuer and	offering, any changes thereto, the			
information requested in Part C, and any material changes SEC.	itom the information prev	lously supplied in Parts	SA MILL D. PAILE MILL LIE A	ppendix need not be filed with the			
Filing Fee: There is no federal filing fee.							
_							
State: This notice shall be used to indicate reliance on the Unifo	rm Limited Offering Exen	nption (ULOE) for sale	s of securities in those states	that have adopted ULOE and that			
have adopted this form. Issuers relying on ULOE must file state requires the payment of a fee as a precondition to the							
appropriate states in accordance with state law. The Append	dix to the notice constitute	s a part of this notice an	nd must be completed.				

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDEN	TIFICATION DATA				
2. Enter the information	on requested for the follo	owing:	•				
Each promo	ter of the issuer, if the i	ssuer has been organized with	in the past five years;				
Each benefi	cial owner having the p	ower to vote or dispose, or din	ect the vote or disposition of, 10%	or more of a class of equ	ity securities of the issuer;		
Each execut	ive officer and director	of corporate issuers and of cor	rporate general and managing parti	ners of partnership issuer	s; and		
Each general	al and managing partner	of partnership issuers.					
				<b>M</b>			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Administrator	Managing Member		
Full Name (Last name first, if i	ndividual)		,				
Swiss Financial Services	· · · · · · · · · · · · · · · · · · ·						
Business or Residence Address	(Number and Street, (	City, State, Zip Code)			•		
c/o Swiss Financial Serv	ices (Ireland) Ltd.,	Unit 5/6, Tramore Road	Business Park, Tramore Ro	oad, Waterford, Irela	and		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Investment Manager	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ndividual)		<del>,</del>		Trianging Facility		
Bainbridge Partners, LLC	2						
Business or Residence Address		City, State, Zip Code)			<del></del>		
400 Madison Avenue, 12	th Floor, New York	k, NY 10017					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Principal	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ndividual)		· · · · · · · · · · · · · · · · · · ·		managing i addict		
Haddad, Antoine							
Business or Residence Address	(Number and Street, C	City, State, Zip Code)		<u> </u>			
c/o Bainbridge Partners,	LLC, 925, 400 Ma	dison Avenue, 12 <sup>th</sup> Floor	r, New York, NY 10017				
Check Box(es) that Apply:	Investment Manager	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if i					resumaging Facules		
Hakim, Remi							
Business or Residence Address	(Number and Street, C	City, State, Zip Code)					
Chalet Perce-Neige, Laud	enenstrasse, P.O. B	ox 320, 3780 Gestaad, S	Switzerland				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and Street, C	City, State, Zip Code)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Beneficial Owner

Executive Officer

Director

General and/or
Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

			_		B. II	NFORM	ATION	ABOUT	OFFER	RING				
1.	Has the	issuer sold,	, or does the	issuer inte	nd to sell, t	o non-accre	dited inves	tors in this	offering?			••••••		Yes No
	Answer also in Appendix, Column 2, if filing under ULOE.													
2.	What is	the minim	ım investme	ent that wil	l be accepte	d from any	individual	?	***************************************	••••••••••				<u>*\$100,000</u>
	*Minim	um may be	waived by	Directors in	n their disci	retion.								
3.	Does the	offering p	ermit joint	ownership	of a single	unit?		•••••			•••••	•••••		Yes No ⊠ □
4.	solicitat dealer re persons	ion of purc gistered w of such a b	on requester hasers in co ith the SEC roker or dea	nnection w and/or with	ith sales of h a state or	securities in states, list th	n the offering the name of	ng. If a pers the broker	son to be lis or dealer. I	ited is an as f more than	sociated pe	rson or age	nt of a brok	er or
Full Nam	e (Last na	me first, if	individual)											
Business	or Reside	nce Addres	s (Number a	and Street,	City, State,	Zip Code)					<u></u>			
Name of	Associate	d Broker or	Dealer							• • •				
States in '	Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solici	Purchasers	;		<del></del> -					
(Check '	'All State:	" or check	individual :	States)							*****			All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ] [IA] [NV] [SD]	(AR) [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	{CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	_
Full Nam	e (Last na	me first, if	individual)							<del></del>				
Ducinaga	os Docido	ann Adduna	s (Number a	and Ctuant	City State	Zin Codo								
Dusiliess	oi Kesidei	ice Addres	s (Ivalilioer a	ina Sueci,	City, State,	Zip Code)								
Name of	Associate	Broker or	Dealer											
States in '	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solicit	Purchasers	;							
(Check '	'All State:	a" or check	individual (	States)	••••••						•••••		**************	All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	(ID) [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	(NY) [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Name	e (Last na	me first, if	individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in '	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check '			individual S			(CO)	(CT)	(DE)	וואכיז	(E) 1		run		All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] (WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	S
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ \$	\$
	☐ Common ☐ Preferred	Ψ	·
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$
	Participating, Voting, Redeemable Shares*	\$ <u>100,000,000</u>	\$ <u>250,000</u>
	Total*	\$ <u>100,000,000</u>	\$ <u>250,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ <u>250,000</u>
	Non-accredited Investors	N/A	\$ <u>N/A</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering Rule 505	Type of Security	Dollar Amount Sold
	Regulation A	<del></del>	\$
	Rule 504		φ
	Total		Φ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		Φ
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs		\$
	Legal Fees	⊠	\$30,000
	Accounting Fees		\$0
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ <u> </u>
	Other Expenses (identify) Miscellaneous (blue, sky fees, duplicating, courier, etc.)		\$_10,000
	Total		\$40,000
*This is	s a continuous offering. Therefore, the aggregate offering price could be greater than or less the	an this amount.	

	C. OFFERING PRICE, NUMBER OF	F INVESTORS, EXPENSES AND USE O	F PROCEEDS	<u> </u>
5.	b. Enter the difference between the aggregate offe Question 1 and total expenses furnished in respons is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross probe used for each of the purposes shown. If the amount estimate and check the box to the left of the estimust equal the adjusted gross proceeds to the issue 4.b above.	ring price given in response to Part C - te to Part C - Question 4.a. This difference coceeds to the issuer used or proposed to to punt for any purpose is not known, furnish temate. The total of the payments listed		*\$ <u>99,960,000</u>
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		□\$	□\$
	Purchase of real estate		□ \$	
	Purchase, rental or leasing and installation of mach	ninery and equipment	□ \$	· <del></del>
	Construction or leasing of plant buildings and facil	lities	\$	
	Acquisition of other businesses (including the value that may be used in exchange for the assets or secumerger)	rities of another issuer pursuant to a	□ \$ □ \$	<b>□</b> \$
	Working capital		□\$	
	Other (specify): to be used as described in Issuer's Memorandum		<b>\$</b>	<b>∑</b> \$99,960,000
	Column Totals		□ \$	<b>∑</b> \$99,960,000
	Total Payments Listed (column totals added)			<u>99,960,000</u>
	D. F	EDERAL SIGNATURE		
follov	suer has duly caused this notice to be signed by the ring signature constitutes an undertaking by the issuer to fits staff, the information furnished by the issuer to	uer to furnish to the U.S. Securities and E	xchange Comm	nission, upon written
lssuer (	Print or Type) Sig	nature	Date	_
APEI	RIO MULTI-STRATEGY LTD.	Anton Hebel	8.	£ 8,2007
Name o	f Signer (Print or Type) Titl	le of Signer (Print or Type)	1 T	-
Antoi	ne Haddad Di	rector		

See asterisked comment on p.4.

ATTENTION
Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)